

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLANDTYRON M. COATES325-491NO 14102 McMullen Hwy, SWCumberland Maryland 21502

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

ORCS, OFF. ATT. GEN.300 E. Joppa Rd, Ste 1000 Towson, MD 21286,& NEXFORD HEALTH SOURCES INC., et al.CBS Lawyers Inc., Spt. Co. 7 Saint Paul St, Ste. 1060Baltimore, Maryland 21202

Defendant(s).

Case No.:

PJM-18-3281

(Leave blank. To be filled in by Court.)

AT BALTIMORE
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
DEPUTYCOMPLAINT

I. Previous Lawsuits

- A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☒ NO ☐

- B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: TYRON M. COATESDefendant(s): NO 14102 McMullen Hwy, SW, Dr. Michael Summerfield

2. Court (if a federal court name the district; if a state court name the city or county):

Circuit Court For ALLEGANY COUNTY

3. Case No.: 01-C-17-045192
4. Date filed: can't remember
5. Name of judge that handled the case: never made it to the judge
6. Disposition (won, dismissed, still pending, on appeal): Notice of Dismissal
For Lack of Jurisdiction or Prosecution
7. Date of Disposition: 07-10-18

II. Administrative Proceedings

A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☒ NO ☐

1. If you answered YES:

a. What was the result? Dismissed on 02-26-16 ARP NOC 2633-
15 after deemed meritorious in part on 01-12-16.

b. Did you appeal? _____

YES ☒ NO ☐

2. If you answered NO to either of the questions above, explain why: _____

III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

12-13-15 Requested ARP due to needing surgery on left eye that was being
refused because of contact lens in it and right eye was in constant pain.
In 2010 Plaintiff was sent to John Hopkins Wil-Mor eye clinic in Baltimore
Maryland. Physician diagnosed "severe keratoconus" and recommended
"Corneal Transplant." Dr. Michael Summerfield has seen Plaintiff 10-14-15
and has refused surgery, moreover the prison has not intervened.

IV. Relief

(State briefly what you want the Court to do for you.)

Plaintiff seeks surgery and applicable medical treatment and medications.
 He seeks punitive damages of \$100,000⁰⁰ in the official capacity of defendants
 found responsible. He seeks compensatory damages of \$25,000⁰⁰ id. He seeks
 up to \$100⁰⁰ a day for each day of Negligence and Indifference of OARS staff, Maryland
 Health Sources Inc Employees since October 2012 when pain suffering started.

SIGNED THIS October day of 17, 2018.

Tyrone Coates
 Signature of Plaintiff

Tyrone Coates
 Printed Name

1400 Mcmillen Hwy, SW Cumberland MD 21502
 Address

301-729-7400
 Telephone Number

www.dpscs.mcmillenda.gov
 Email Address